



NOTICE OF ACTION

In accordance with Part C of the IDEA



Child's Name: _____ Date of Birth: _____ Date: _____

Prior Written Notice must be given to you before certain actions are taken. The following is to inform you of the action(s) being proposed or refused by First Steps.

- () Change in IFSP*
- () Ongoing assessment*
- () Initial Evaluation Refused
- () Ineligibility for First Steps
- () Change in eligibility*
- () Other: (Specify) _____

10 day waiver section applies to items designated with an *.

Reasons for the Action:

I understand that the action being proposed cannot be carried out for ten days from the date of the Notice, unless I waive that time requirement.

☐ I would like for the proposed action to be carried out and waive the 10-day time requirement.

Parent Signature

Date

Date received by agency

Or

Parent Name

Date

Service Coordinator Signature

A copy of the Parent's Rights Statement is enclosed with this notice.

If you need assistance in understanding the provisions of the Parent's Rights Statement, you may contact the Special Education Compliance Section, Department of Elementary and Secondary Education at (573) 751-0699 or (573) 751-0186 or via e-mail at webreplyspeco@dese.mo.gov.

If you have any questions or object to this action, please contact me within 10 days.

Name

Title

Phone Number